

Mrs B J Dachtler

Rosamar

Inspection report

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Tel: 01934633397

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 11 October 2016.

Rosamar is a care home which provides accommodation and personal care for up to 10 people with a learning disability who may also have additional complex needs. At the time of the inspection there were nine people living at the home. The home is a terraced house situated in a residential area of the town. It has two lounges, a dining area, kitchen, two laundry rooms, office, and bedrooms. There is a drive way and back garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 27 and 29 April 2016. A breach of legal requirements was found as the provider was not always taking action after their audits identified areas for improvement. Where actions had happened these were not always fully documented. Records were not always accurate or up to date and some risk assessments had not been reviewed and updated. We also found where complaints had been raised there was no record of outcomes taken and no system in place to identify trends.

After the comprehensive inspection, we used our enforcement powers and served a Warning Notice on the provider on 21 June 2016. This was a formal notice which confirmed the provider had to meet one legal requirement by 21 September 2016.

We undertook this focused inspection to check they now met this legal requirement. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosamar on our website at www.cqc.org.uk

We found action had been taken to improve the governance of the service.

A new system for auditing the service, which identifies risks and concerns, had been set up. The new system was proactive in spotting risks and concerns early so action could be taken to prevent incidents from occurring.

Environmental risk assessments had been reviewed and had been either updated or action had been taken to remove the risk from the home completely. People's individual risk assessments had been updated to reflect changes in their needs.

Mental capacity assessments had been reviewed and updated where needed. The way of recording complaints had been reviewed and improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found action had been taken to improve the governance of the service.

An effective auditing system was in place that meant actions were made when improvements had been identified.

Records were up to date and reflected people's current needs and were in line with best practice.

Where complaints were made, actions taken to resolve them were recorded.

Requires Improvement ●

Rosamar

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this unannounced focused inspection of Rosamar on 11 October 2016. This inspection was done to check that improvements to meet legal requirements after our comprehensive inspection on 27 and 29 April 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service Well Led. This is because the service was not meeting some legal requirements.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including their action plan following the last inspection which detailed the improvements they intended to make.

The inspection was undertaken by one adult social care inspection manager. During our inspection we spoke with the Registered Manager, who is also the provider, and the providers administration assistant. We looked at the care records of two people living in the home.

We also looked at records relevant to the running of the service. This included risk assessments, complaints and audits.

Is the service well-led?

Our findings

At the last inspection of this service on 27 and 29 April 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Some aspects of the service were not well-led as actions were not always taken after the providers audits for the service identified areas for improvement. Where actions had happened these were not always fully documented. Records were not always accurate or up to date and some risk assessments had not been reviewed and updated. We also found where complaints had been raised there was no record of outcomes taken and no system in place to identify trends.

At this latest inspection we found action had been taken to improve the governance of the service. A new system for auditing the service, which identifies risks and concerns, had been set up and included information such as the level of risk, a deadline for reducing the risk and when the action had been completed. A tracker had also been set up which showed when different audits were due and if concerns were found these would be moved onto an "issues" document which helped staff to identify trends. The new system was proactive in spotting risks and concerns early so action could be taken to prevent incidents from occurring. The new auditing system had helped identify that staff had to keep putting air into a tyre on the mini bus used regularly by people to access the community. This trend was identified and therefore the tyre could be changed before it became a bigger issue. The registered manager said the new system was "A lot more proactive" in helping to identify trends.

Records were completed accurately. Environmental risk assessments had been reviewed and had been either updated or action had been taken to remove the risk from the home completely. A risk assessment was no longer needed for cords and blinds in the home for example, as these had been removed from the home. The Registered Manager had employed a health and safety risk assessor to come into the home once a month to identify any new risks. After action had been taken the risk assessor had then reviewed this to ensure risk was reduced for people. People's individual risk assessments had been updated to reflect changes in their needs. This included accessing the community which had enabled people to remain as independent as possible.

Mental capacity assessments had been reviewed and updated where needed. Best interest decisions had been taken and recorded to ensure the least restrictive option was in place for people. Best interest decisions are when a person has been assessed as lacking capacity and any action taken, or any decision made for, or on behalf of that person, must be made in their best interests.

The way of recording complaints had been reviewed and there was now a prompt in place to ensure that when actions had been taken these were recorded. This meant it was clear when and how a complaint was resolved and it was easier to see if any trends were occurring.